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(BPD)

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State: LOUISIANA

Agency* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

IV-E

(5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of 18). Inpatient psychiatric services for individuals under age 21 are provided under this plan.

(6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. Supersedes TN No.

Approval Date APR 02 1991

Effective Date OCT 01 1991

HCFA ID: 7983E

DEC 05 1991 DATE REC'D. APR UZ 1991_ OCT u 1 1991 DATE EFF. HCFA 179

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<u>/X7</u>

Agency* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--

- a. Was eligible for Medicaid under the State's approved Medicaid plan; or
- b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

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____ 19

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Agency* Citation (s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued) Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan 42 CFR 435.223 /_/ were as broad as allowed under title IV-A: 1902(a)(10) Individuals under the age of--(A)(ii) and 1905(a) of 21 20 the Act 19 18 Caretaker relatives Pregnant women

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Effective Date <u>OCT 0.1 1991</u>

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Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 15 OMB NO.: 0938-LOUISIANA State: Agency* Citation(s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued) 42 CFR 435.230 <u>/</u>/ 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act. 4351120 The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--Based on need and paid in cash on a regular a. basis. Equal to the difference between the b. individual's countable income and the income standard used to determine eligibility for the supplement. c. Available to all individuals in the State. d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.

TN No. OII-123 Supersedes Approval Date APR 02 1991 Effective Date OCT 01 1991 TN No. OCT 01 1991

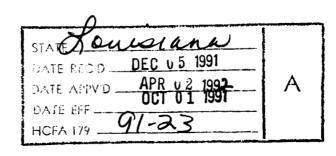
(1)(2)

(3)

All aged individuals.

All blind individuals.

All disabled individuals.



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Agency*	Citation(s)			Groups Covered
		B. Optional (Continue		s Other Than the Medically Needy
			(4)	Aged individuals in domiciliary facilities or other group living
42 CI	FR 435.230		(5)	arrangements as defined under SSI. Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
			(6)	Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
			(7)	Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
			(8)	Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
			(9)	Individuals in additional classifications approved by the Secretary as follows:

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TN No.	91)-11						

Effective DateQCT 01 1991

HCFA ID: 7983E

STATE DEC 05 1991 DATE REC'D APR U2 1992 DATE APPV'D OCT 01 1991 DATE EFF HOFA 179 91-23	Α
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State: __LOUISIANA

Agency* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

___Yes.

No.

The standards for optional State supplementary payments are listed in Supplement 6 of <u>ATTACHMENT 2.6-A</u>.

TN No. 41-23
Supersedes 26
TN No. 26

Approval Date

APR 02 1992

Effective Date OCT 01 1991

HCFA ID: 7983E

STATE DEC 0 5 1991

DATE REC'D DEC 0 5 1991

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AUGUST 1991 State: _I	OUISIANA	Page 17 OMB NO.: 0938-	
Agency* Citation(s)		Groups Covered	
		nal Groups Other Than the Medically Needy inued)	
42 CFR 435.230 435.121 1902(a)(10)	<u> </u>	Section 1902(f) States and SSI criteria State without agreements under section 1616 or 1634 of the Act.	
(A)(ii)(XI) of the Act		The following groups of individuals who received State supplementary payment under an approximational State supplementary payment program that meets the following conditions. The supplement is	ve
		a. Based on need and paid in cash on a regula basis.	ar
		b. Equal to the difference between the individual's countable income and the inco standard used to determine eligibility for the supplement.	
		 Available to all individuals in each classification and available on a Statewic basis. 	de
		d. Paid to one or more of the classifications of individuals listed below:	s
	-	(1) All aged individuals.	
		(2) All blind individuals.	
,		(3) All disabled individuals.	

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TN No. [//a/Tages)		HCFA ID: 7983E

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ATTACHMENT 2.2-A Revision: HCFA-PM-91-4 (BPD) Page 18 AUGUST 1991 LOUISIANA OMB NO.: 0938-State: Groups Covered Agency* Citation(s) Optional Groups Other Than the Medically Needy (Continued) Aged individuals in domiciliary (4)facilities or other group living arrangements as defined under SSI. Blind individuals in domiciliary (5) facilities or other group living arrangements as defined under SSI. Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI. (6) Individuals receiving federally administered optional State supplement (7) that meets the conditions specified in 42 CFR 435.230. Individuals receiving a State administered optional State supplement (8) that meets the conditions specified in 42 CFR 435.230. Individuals in additional (9) classifications approved by the Secretary as follows:

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Agency*	Citation(s)		Groups Cov	ered	
		(Continued The spolist cost-	Groups Other Than i) supplement varies tical subdivision of-living differ Yes No standards for opt ents are listed i CHMENT 2.6-A.	in income st s according t ences.	andard by o
TN No.	11-23 Dappi Bu Tage	coval Date AP	R v 2 1992		te OCT 01 1991
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Age	ncy*	Citation(s)		Groups Covered
		В	. Opt:	ional Groups Other Than the Medically Needy
XIX	1902 (A)(FR 435.231 /X/ (a)(10) ii)(V) he Act	12.	Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.
			_7	The State covers all individuals as described above.
			<u>X</u> 7	The State covers only the following group or groups of individuals:
	(ii)	(a)(10)(A) and 1905(a) he Act		X Aged X Blind X Disabled Individuals under the age of

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